Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Most Accidents Occur Off the Job

AMONG workers in our country, nearly 70 percent of the deaths from accidents and more than half of the nonfatal disabling injuries occur off the job. The National Safety Council estimates that among the more than 60,000,000 employed men and women in the United States last year there were approximately 44,000 accidental deaths, and that only 14,000 of them arose out of and in the course of employment. Of the 4,300,000 nonfatal disabling injuries sustained by workers last year, nearly 2,500,000 were nonoccupational.

The proportion of accidental deaths occurring off the job varies with occupation. This is evident from the table on the next page, which is based upon the experience of males at ages 15-69 insured under Industrial policies in the Metropolitan Life Insurance Company. In a number of occupational groups, all or nearly all the fatal injuries were sustained off the job. For example, nonoccupational mishaps accounted for the entire accident death toll among the men who worked in cotton or woolen mills and in furniture factories, as well as among barbers, operatives in shoe and clothing factories, and others not listed in the table. In these occupations men are safer from injury while at work than in their after hours.

Relatively few of the accidental deaths among white collar workers—clerks and other office workers, merchants and storekeepers, and store clerks and salesmen—arose out of and in the course of employment. At least nine out of every ten of the accident fatalities among these men were nonoccupational. In this experience, swimming and water sports alone took more lives among white collar workers than did all occupational accidents combined. Among these workers, motor vehicle mishaps were the leading cause of accidental death off the job, with falls ranking second.

Accident fatalities off the job predominated even among men engaged in occupations which involve appreciable accident hazards. For example, among carpenters and painters more than four fifths of the accidental deaths were nonoccupational. Iron and steel mill workers, who are generally subject to a variety of hazards, had almost three times as many fatal accidents away from work as they did at work. The ratio of off-the-job to on-the-job accident fatalities was two to one among fishermen and among railroad

enginemen and trainmen. More than half of the fatal accidents among chauffeurs, structural iron workers, and welders were nonoccupational.

In only a few of the occupational groups reviewed in this study was the accident death toll greater on the job than off the job. Underground coal miners, for example, had twice as many occupational fatalities as nonoccupational. Among both cranemen and city firemen, four of the

NONOCCUPATIONAL ACCIDENTAL DEATHS AMONG MALES
AT AGES 15 TO 69 YEARS, IN SPECIFIED OCCUPATIONS
INDUSTRIAL POLICYHOLDERS, METROPOLITAN LIFE INSURANCE COMPANY, 1951-1953

Occupation	Number of Accidental Deaths*		Percent Non-occupational
	Total	Non-occupational	
All Occupations	2,090	1,679	80
Automobile factory operatives and laborers	19	17	90
Auto and garage mechanics	32	28	88
Brick and stone masons	17	12	71
Carpenters and cabinetmakers	30	24	80
Chauffeurs	107	60	56
Chemical plant operatives and laborers	18	11	61
Clerks, bookkeepers, and office assistants	82	75	92
Coal miners—underground	53	18	34
Cotton and woolen mill operatives	12	12	100
Cranemen, derrickmen, and hoistmen	7	3	43
Electricians	17	10	59
Electric light and power plant linemen and cable splicers	6	—	0
Farmers and farm laborers	63	46	73
Firemen (city)	7	3	43
Fishermen	15	10	67
Furniture, other woodworking factory operatives and laborers	24	24	100
Gasoline filling station attendants (including proprietors and managers)	20	17	85
Iron and steel mill, foundry operatives and laborers	42	31	74
Janitors and porters (except stores and steam railroads)	62	59	95
Longshoremen and stevedores	12	8	67
Machinists	46	44	96
Mechanics (except auto mechanics)	53	40	76
Merchants and storekeepers	32	30	94
Painters and varnishers (house, shop, etc.)	35	31	89
Plumbers, steam fitters, and gas fitters	19	14	74
Policemen, marshals, sheriffs	14†	9	64
Railroad enginemen and trainmen	21	14	67
Stationary engineers and firemen	22	16	73
Store clerks and salesmen	35	34	97
Structural iron workers	11	6	55
Watchmen and guards (except prison guards)	21‡	15	71
Welders	13	8	62

*The numbers constitute a 30-percent sample of the deaths.
†Includes five occupational homicides.
‡Includes two occupational homicides.

seven deaths in this experience were occupational. All of the six deaths among the insured electric light and power plant linemen and cable splicers arose out of and in the course of employment; four of these deaths were due to electricity and two to falls.

The over-all results of this survey bring into sharp focus the need for intensifying the efforts against nonoccupational accidents. If further progress is to be made in the solution of the accident problem in our country, much of the improvement must come from reductions in home, street and highway, and recreational accidents. Industry has been active in curbing not only occupational accidents but also those which occur "after the whistle blows." Many business organizations have stimulated the interest of their employees in personal safety through educational programs and in other ways. With the present magnitude of the accident problem, even more effective results could be obtained by coordinated action on a community scale.

Children in Broken Families

THE child population in the United States has been experiencing an unprecedented growth. In the decade since the end of World War II, the number of children under age 18 has increased by about 13 million, a greater rise than occurred in the preceding 45 years. In consequence, our country now has a record total of about 54½ million children, and their number is expected to continue upward, as is indicated in the chart on page 4. According to projections by the Bureau of the Census, there may be more than 63 million children under age 18 in our country by 1965.

Since home environment exerts a marked influence in molding the lives of children, it is fortunate that the great majority of them enjoy parental care and support during their period of dependency. Nevertheless, there are still a substantial number who do not have the advantages of normal family life, as may be seen in the table on page 5. About seven million children—almost one seventh of the total—are domiciled with only one or neither parent present. The proportion increases with age, from 10 percent for the preschool children to 17 percent for those aged 6-17, reflecting mainly the cumulation, over the years, of family disruptions by death, divorce, or separation.

Of all children in broken or disrupted families, about 4.1 million live with their mother, 600,000 with their father, and the remaining 2.4 million under a variety of other arrangements. Most of the last-named group live with grandparents, older brothers or sisters, cousins, or other relatives, but this residual group includes more than 300,000 children in institutions or in schools away from home.

Despite the considerable improve-

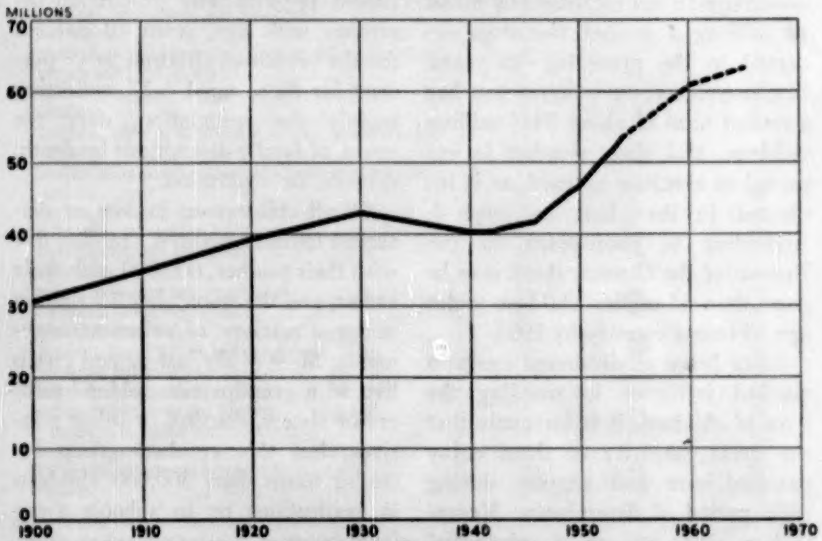
ment in mortality at the childbearing ages, the premature death of a parent is still a frequent occurrence in the United States. Each year almost 200,000 husbands or wives die before their 55th birthday—at ages when there are likely to be dependent children in the family. In addition, there is a sizable annual death toll of widowed and divorced persons, many of whom have young children in their care.

Estimates by the Social Security Administration indicate that there are now about 2.9 million orphans under age 18 in our country. The proportion is relatively small in early life—only 1 percent at ages under 5, and about 4 percent at ages 5-9. However, the figure increases rapidly as children grow older. Orphans constitute almost 9 percent of the total child population at ages 10-14, and more than 14 percent of the total at ages 15-17. In other words, at least one out of every seven children attaining age 18 has lost one or both natural parents.

The majority of orphans live in family settings, and not in institutions. About three fifths live with their mother, one fifth with their father, and most of the others receive some of the benefits of family life in the homes of relatives or foster parents. Only a small proportion—not much more than 3 percent—are in orphanages.

The major burden of broken homes is generally borne by women,

Number of Children Under Age 18
United States, 1900-1954; Projected to 1965



Source of basic data: Various reports by the Bureau of the Census. The projections are from the C-Series in *Current Population Reports*, P-25, No. 78. Figures include population in Armed Forces overseas.

LIVING ARRANGEMENT OF POPULATION UNDER 18 YEARS OF AGE, UNITED STATES, 1953

LIVING ARRANGEMENT	NUMBER, IN THOUSANDS			PERCENT OF TOTAL		
	AGES UNDER 18	AGES UNDER 6	AGES 6-17	AGES UNDER 18	AGES UNDER 6	AGES 6-17
Total	51,566*	20,960	30,606*	100.0	100.0	100.0
Living in a family headed by own parent						
With both parents present	43,296	18,249	25,047	84.0	87.1	81.8
With father only present	503	84	419	1.0	.4	1.4
With mother only present	3,074	845	2,229	5.9	4.0	7.3
Living with a relative's family						
With both parents present	1,126	671	455	2.2	3.2	1.5
With father only present	105	543	595	.2	2.6	2.0
With mother only present	1,033			2.0		
With neither parent present	1,696			3.3		
Living with an unrelated family, neither parent present	158	522	1,574	.3	2.5	5.1
Living outside of a family group						
In a household, alone or with unrelated persons	242			.5		
In an institution, dormitory, etc	333	46	287	.6	.2	.9

*Excludes about 35,000 of the 17-year-old males in the Armed Forces.

NOTE—The term "parent" as used here includes fathers and mothers of adopted children and of step-children. The figures in all subclasses are derived from sample surveys, and are subject to sampling variation which may be relatively large.

Source of basic data: Various reports and unpublished statistics from the Bureau of the Census.

not only because they usually outlive their husband but also because children tend to remain with the mother when a marriage is disrupted by divorce or separation. The social and economic problems thrust on these mothers are generally quite heavy, particularly if the children are still of tender years. When the family is broken by the death of the breadwinner, it may be necessary to curtail the educational plans for the children, and even to give up the home. In large numbers of families with dependent children the financial loss resulting from the death of the breadwinner is mitigated by Life insurance in legal reserve companies. Altogether, at least $360 billion of Life insurance is now in force in such companies in the United States and Canada.

Gains in Longevity Since 1850

FOR more than a century, the average length of life in our country has been steadily increasing. Under mortality conditions prevailing in 1850, the expectation of life at birth was less than 40 years. By

EXPECTATION OF LIFE IN THE UNITED STATES, 1850 TO 1952

CALENDAR PERIOD	AGE								
	0	10	20	30	40	50	60	70	80
	WHITE MALES								
1850*	38.3	48.0	40.1	34.0	27.9	21.6	15.6	10.2	5.9
1890*	42.50	48.45	40.66	34.05	27.37	20.72	14.73	9.35	5.40
1900–1902†	48.23	50.59	42.19	34.88	27.74	20.76	14.35	9.03	5.10
1901–1910†	49.32	50.86	42.39	34.80	27.55	20.59	14.17	8.96	5.07
1909–1911†	50.23	51.32	42.71	34.87	27.43	20.39	13.98	8.83	5.09
1919–1921‡	56.34	54.15	45.60	37.65	29.86	22.22	15.25	9.51	5.47
1920–1929‡	57.85	54.65	45.84	37.51	29.35	21.65	14.75	9.17	5.26
1929–1931	59.12	54.96	46.02	37.54	29.22	21.51	14.72	9.20	5.26
1930–1939	60.62	55.86	46.77	38.06	29.57	21.71	14.86	9.29	5.30
1939–1941	62.81	57.03	47.76	38.80	30.03	21.96	15.05	9.42	5.38
1949–1951	66.31	58.98	49.52	40.29	31.17	22.83	15.76	10.07	5.88
1952	66.64	59.17	49.73	40.54	31.39	23.01	15.95	10.34	6.15
	WHITE FEMALES								
1850*	40.5	47.2	40.2	35.4	29.8	23.5	17.0	11.3	6.4
1890*	44.46	49.62	42.03	35.36	28.76	22.09	15.70	10.15	5.75
1900–1902†	51.08	52.15	43.77	36.42	29.17	21.89	15.23	9.59	5.50
1901–1910†	52.54	52.89	44.39	36.75	29.28	21.86	15.09	9.52	5.43
1909–1911†	53.62	53.57	44.88	36.96	29.26	21.74	14.92	9.38	5.35
1919–1921‡	58.53	55.17	46.46	38.72	30.94	23.12	15.93	9.94	5.70
1920–1929‡	60.62	56.41	47.46	39.20	30.97	22.97	15.70	9.71	5.46
1929–1931	62.67	57.65	48.52	39.99	31.52	23.41	16.05	9.98	5.63
1930–1939	64.52	58.98	49.71	40.90	32.24	23.96	16.44	10.19	5.76
1939–1941	67.29	60.85	51.38	42.21	33.25	24.72	17.00	10.50	5.88
1949–1951	72.03	64.26	54.56	45.00	35.64	26.76	18.64	11.68	6.59
1952	72.65	64.79	55.11	45.52	36.12	27.19	19.00	12.00	6.81
	NONWHITE MALES¶								
1900–1902†	32.54	41.90	35.11	29.25	23.12	17.34	12.62	8.33	5.12
1901–1910†	32.57	40.73	33.78	27.97	22.23	16.64	11.87	8.29	5.43
1909–1911†	34.05	40.65	33.46	27.33	21.57	16.21	11.67	8.00	5.53
1919–1921‡	47.14	45.99	38.36	32.51	26.53	20.47	14.74	9.58	5.83
1920–1929‡	46.90	44.86	36.76	30.65	24.55	18.83	13.66	9.12	5.54
1929–1931	47.55	44.27	35.95	29.45	23.36	17.92	13.15	8.78	5.42
1930–1939	50.06	46.56	38.05	31.11	24.65	18.98	14.13	9.53	6.01
1939–1941	52.26	48.34	39.52	32.05	25.06	19.06	14.37	10.11	6.58
1949–1951	58.91	52.96	43.73	35.31	27.29	20.25	14.91	10.74	7.07
1952	59.13	53.27	44.00	35.57	27.54	20.38	14.99	11.14	8.04
	NONWHITE FEMALES¶								
1900–1902†	35.04	43.02	36.89	30.70	24.37	18.67	13.60	9.62	6.48
1901–1910†	35.65	42.52	36.17	30.09	23.81	18.08	13.17	9.52	6.50
1909–1911†	37.67	42.84	36.14	29.61	23.34	17.65	12.78	9.22	6.05
1919–1921‡	46.92	44.54	37.15	31.48	25.60	19.76	14.69	10.25	6.58
1920–1929‡	47.95	44.86	36.98	30.93	24.67	18.85	14.01	10.01	6.49
1929–1931	49.51	45.33	37.22	30.67	24.30	18.60	14.22	10.38	6.90
1930–1939	52.62	48.29	39.90	32.88	26.11	20.09	15.28	10.88	7.18
1939–1941	55.56	50.75	42.04	34.40	27.19	20.95	16.10	11.82	8.02
1949–1951	62.70	56.17	46.77	38.92	29.82	22.67	16.95	12.29	8.15
1952	63.72	57.28	47.81	38.89	30.63	23.23	17.38	12.94	9.15

*Massachusetts only; white and nonwhite combined, the latter being about one percent of the total. Longevity in Massachusetts considered to be indicative of that in the country as a whole at that time.

†Original Death Registration States.

‡Death Registration States of 1920.

¶Data for periods 1900-1902 to 1929-1931 and 1939-1941 relate to Negroes only.

Source—Various publications of the National Office of Vital Statistics and the Bureau of the Census.

1954, the figure had risen to about 70 years. Thus, at least 30 years have been added to the expectation of life at birth because of the reduction in mortality since the middle of the last century.

The gains in longevity have been much greater in the period since the turn of the century than they were in the preceding 50 years; the table on the opposite page gives the details through 1952, the latest figures available by sex and age. Among white males, for example, the increase in the expectation of life at birth was about 10 years from 1850 to 1900-1902, and about 18½ years in the following half century; among white females the corresponding increases were 10½ years and 21½ years. Progress in extending the average length of life was accelerated with the quickened tempo of advances in environmental sanitation and in preventive and curative medicine. In the latter part of the 19th century, the infectious diseases were still taking a heavy toll of life annually, and at times epidemics virtually ravaged sections of the population. For instance, in 1891 the death rate from typhoid fever in Chicago reached 172.7 per 100,000 population. Similarly, the diphtheria death rate in Baltimore was 260.5 per 100,000 in 1881-1882. Both these diseases have been practically wiped out as causes of death not only in our cities but in the country as a whole. There has been no major epidemic in the United States for more than 35 years, the last one being the influenza pandemic of 1918-1919.

Although the gains in the expectation of life have been largest in childhood and early adult life, some progress is observed even at the older ages. Since 1901, the expectation of life at age 40 has increased about four years among white men and nearly seven years among white women; at age 65 the corresponding gains have been 1½ years and three years. Currently, white men at age 65 can look forward to about 13 years on the average, and white women to 15⅓ additional years of life. At all ages, the increase in longevity has been greater for females than for males.

In 1952, the expectation of life at birth for white females exceeded that for white males by six years. The sex difference diminishes with advance in age, but it still amounts to three years at age 60. Mortality among white females has dropped to remarkably low levels prior to midlife. The death rate among them is now less than 1 per 1,000 in the age range 3-28, and remains under 2 per 1,000 through age 38. Among white males, death rates under 1 per 1,000 are recorded at ages 4-14, and stay under 2 through age 32.

The nonwhite population likewise has made considerable gains in longevity since the turn of the century. As the lower tiers of the table show, the expectation of life at birth for nonwhite males increased 26½ years from 1900-1902 to 1952; for nonwhite females the corresponding

rise was 28⅔ years. During this period the nonwhite population has made more rapid progress than the white population, thus reducing the difference in longevity between the two groups. Nevertheless, the expectation of life at birth for nonwhites in 1952 was still well below that for the white population—by 7½ years among males and by almost 9 years among females.

The extraordinary progress made in prolonging life during the past century reflects, in the main, the effective control gained over the diseases of environmental origin—tuberculosis, the common infections of childhood, pneumonia, and many others. Future gains may be more difficult to achieve because they will depend largely upon reducing the toll from diseases and conditions which, in the present state of knowledge, are for the most part of obscure or unknown etiology. These include many of the cardiovascular-renal diseases, the cancers, and the diseases of early infancy. Yet there is every reason to believe that the toll of premature death can be reduced further as the medical and sanitary sciences continue to develop new knowledge and make more effective use of what is already known.

Decline in Mortality From Gallbladder Diseases

THE striking reductions in mortality from the major infectious diseases have tended to overshadow the large gains made in the control of many other diseases. Gallbladder disorders, which affect a very considerable proportion of the adult population, are a good example of the latter.

Among white females insured under Industrial policies in the Metropolitan Life Insurance Company, the death rate from the diseases of the gallbladder (including gallstones) declined more than three fifths in the 15 years between 1936-1938 and 1951-1953—from 7.7 to 2.9 per 100,000. Among white males, the death rate was cut in half—from 3.4 to 1.7 per 100,000—as the accompanying table shows.

Policyholders in every age group shared in the improvement in mortality from gallbladder conditions, with the largest relative reductions in the 15-year period being recorded at the ages under 55. Thus, at ages 35-44 the decrease was four fifths among white women and two thirds among white men. Even at ages 65-74, where the death rates are highest in this insurance experience, the reduction for the two sexes exceeded 40 percent and 25 percent, respectively. As a result of the more rapid improvement among women, the sex difference in the mortality from these diseases diminished appreciably. Whereas in 1936-1938 the death rate among females in the age range 35-74 exceeded that among males by about 125 percent, in 1951-1953 the excess was only 60 percent.

The reduction in mortality from gallbladder disorders may be attributed to a number of factors. Of par-

MORTALITY FROM DISEASES OF THE GALLBLADDER (INCLUDING GALLSTONES)
WHITE PERSONS BY SEX. AGES 1 TO 74 YEARS
INDUSTRIAL POLICYHOLDERS, METROPOLITAN LIFE INSURANCE COMPANY
1951-1953 COMPARED WITH 1936-1938

AGE PERIOD (YEARS)	DEATH RATES PER 100,000				PERCENT DECLINE 1951-1953 SINCE 1936-1938	
	MALES		FEMALES			
	1951-1953	1936-1938	1951-1953	1936-1938	MALES	FEMALES
1-74*	1.7	3.4	2.9	7.7	50	62
35-74*	5.4	9.9	8.6	22.5	45	62
25-34	.3	.9	.8	3.1	67	74
35-44	1.1	3.4	1.8	9.0	68	80
45-54	3.5	8.7	6.1	20.7	60	71
55-64	8.8	15.8	13.7	35.2	44	61
65-74	19.7	26.5	31.0	54.8	26	43

*Standardized for age on the basis of the Standard Million Population of England and Wales, 1901.

ticular importance for the large proportion of patients coming to operation has been the decrease in surgical mortality resulting from advances in operative technique, the control of infection by chemotherapy and antibiotics, and the prevention of surgical shock and pulmonary embolism. In one large clinical experience (Mayo Clinic), the surgical mortality rate for removal of the gallbladder dropped nearly two thirds in about a decade—from 1.9 percent in 1939-1941 to .7 percent in 1950-1952. Patients with gallbladder diseases treated without surgical intervention have benefited materially from improved regulation of diet and better medical care generally.

A long-term follow-up study of insured lives with a history of gallbladder disorders indicated that such persons have a relatively favorable mortality, although somewhat above the average for persons insured at standard premium rates.* The excess mortality was smallest among persons with a history of the disease who, up to the time they were insured, had received only medical treatment for the condition. The excess was less for those with a single attack than for those with recurrent attacks. Moreover, the mortality decreased as the time elapsed since attack increased. Thus, persons who had had a single attack within two years prior to application for insurance had a mortality nearly one and a third times that of standard risks, but the mortality was only slightly above the average when the time elapsed since attack was longer than two years. Among medically treated cases which had experienced recur-

*1951 *Impairment Study*, Society of Actuaries, April 1954.

rent attacks, the mortality was about one and a third times that of standard risks.

Persons with a history of removal of the gallbladder within five years prior to application for insurance had a mortality about one and a quarter times that of standard risks, or somewhat higher than that among medically treated cases. For those accepted for insurance more than five years after operation, the mortality was about the same as in the corresponding group of medically treated cases. The results were less favorable for those with a history of drainage of the gallbladder than for persons who had had their gallbladder removed. Among the former, the mortality for cases insured within five years of operation was about one and a half times that of standard risks. The generally higher mortality among persons with a history of surgery for gallbladder disease reflects, in part at least, the fact that operated cases were generally the more severe. The relatively poor experience among those with a history of drainage reflects the circumstances which made the more radical operation inadvisable. Among the surgically treated cases the excess mortality was due primarily to complications of the disease, whereas among the medically treated cases it was the result of recurrent attacks.

AVAILABLE FOR DISTRIBUTION

The following brochure has been published recently, and reprints are available upon request.

"Prognosis in Heart Disease"—charts first exhibited at the Annual Meeting of the American Medical Association, June 1954.

DEATH RATES FROM SELECTED CAUSES
INDUSTRIAL POLICYHOLDERS, METROPOLITAN LIFE INSURANCE COMPANY
JANUARY 1955

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS†				
	JANUARY		YEAR		
	1955	1954	1954	1953	1952
All Causes—Total	676.5	711.6	622.8	648.1	654.2
—Excluding war deaths	676.4	696.0	620.1	646.1	651.3
Tuberculosis (all forms)	9.1	10.1	8.9	10.4	13.8
Tuberculosis of respiratory system	8.2	8.5	8.1	9.3	12.6
Syphilis	3.0	2.6	2.4	2.5	2.8
Communicable diseases of childhood	.5	.2	.3	.3	.5
Acute poliomyelitis	.3	.3	.7	1.0	1.5
Malignant neoplasms	133.0	131.0	128.7	126.7	126.2
Digestive system	47.4	46.9	47.0	45.1	46.8
Respiratory system	15.7	16.3	16.4	15.7	14.2
Diabetes mellitus	16.9	18.3	14.9	15.6	14.4
Diseases of the cardiovascular-renal system	365.0	371.5	324.8	341.6	344.9
Vascular lesions, central nervous system	72.5	66.0	63.4	67.0	69.0
Diseases of heart	264.8	277.3	235.9	247.5	247.0
Chronic rheumatic heart disease	15.4	14.8	12.1	13.0	13.4
Arteriosclerotic and degenerative heart disease	204.4	207.9	177.8	185.3	180.4
Diseases of coronary arteries	115.9	125.2	104.8	108.7	¶
Hypertension with heart disease	36.6	43.1	37.1	39.8	43.1
Other diseases of heart	8.4	11.5	8.9	9.4	10.1
Hypertension without mention of heart	4.6	6.7	5.5	5.7	6.2
General arteriosclerosis	6.6	7.1	5.7	6.1	6.6
Other diseases of circulatory system	5.4	4.4	5.3	4.8	4.4
Nephritis and nephrosis	11.1	10.0	9.0	10.5	11.7
Pneumonia	19.2	15.6	12.9	15.1	15.5
Influenza	1.1	2.3	1.0	2.7	1.9
Ulcers of stomach and duodenum	5.9	5.3	4.6	5.0	4.8
Appendicitis	2.2	1.1	1.3	1.5	1.6
Hernia and intestinal obstruction	4.4	5.0	3.7	3.8	3.5
Gastritis, duodenitis, enteritis, etc	2.7	3.2	2.5	2.5	2.9
Cirrhosis of liver	9.9	10.7	9.9	10.1	9.9
Diseases of the gallbladder and biliary ducts	2.6	3.8	3.2	3.6	3.6
Complications of pregnancy, childbirth	1.0	.9	1.1	1.3	1.5
Congenital malformations	3.4	3.2	2.9	3.0	3.2
Suicide	5.1	6.2	5.5	6.2	6.0
Homicide	2.3	2.5	2.3	3.0	3.3
Accidents—total	35.8	38.2	36.8	38.6	40.7
Motor vehicle	15.0	16.8	14.6	16.3	16.7
Home	7.6	8.2	6.5	7.5	7.7
Occupational (civilian)	1.9	2.1	2.7	3.7	3.9
War deaths—enemy action‡	.1	15.6	2.7	2.0	2.9
All other causes	52.9	64.2	51.9	51.7	49.2

*The rates for 1955 and 1954 are provisional.

†Persons insured under Weekly and Monthly Industrial premium-paying policies for the years 1952-1954; 1955 includes in addition persons with Ordinary Monthly premium policies for less than $1,000.

‡The recorded mortality from war deaths in 1954 results from the payment of claims on policyholders originally reported as missing who have subsequently been declared officially dead.

¶Not available.

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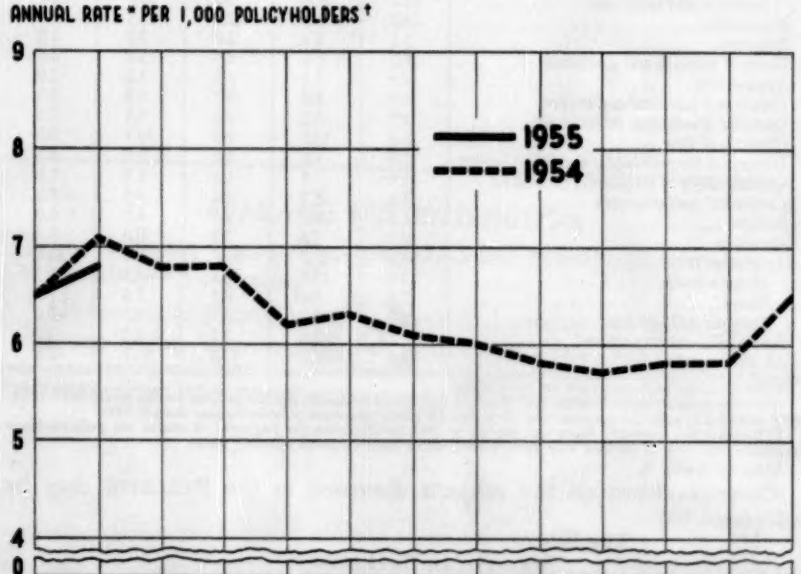

(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1954‡	7.1	6.8	6.8	6.2	6.3	6.1	6.0	5.8	5.7	5.8	5.8	6.5
1955	6.8											

*†‡See page 11 for footnotes.

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